



2015 CONTINUUM OF CARE PROGRAM TRANSITIONAL HOUSING APPLICATION FOR THE 2015-2016 PROGRAM YEAR (RENEWALS)

SAN LUIS OBISPO COUNTY DEPARTMENT OF PLANNING AND BUILDING

976 OSOS STREET • ROOM 200 • SAN LUIS OBISPO • CALIFORNIA 93408 • (805) 781-5600

Promoting the Wise Use of Land • Helping to Build Great Communities

TRANSITIONAL HOUSING GRANT APPLICATION (Renewal only)

Application deadline is 5:00 pm, Friday, October 16th, 2015. Applications must be received by the County prior to close of the business day. Postmarked dated mail received after the deadline WILL NOT be accepted.

Question 1. Applicant Information

1A. Type of Application: Renewal Project Application

1B. Project Name: _____

Question 2. Project Applicant Contact Information

2A. Organization and/or Applicant Name: _____

2B. Organizational DUNS: _____

2C. Physical Address: _____

2D. Contact Person/Title, Phone Number and Email: _____

Question 3: Project Detail/Description

3A. Project Description that addresses the entire scope of the project. Describe a) target population(s) to be served, b) the plan for addressing the identified needs/issues of the CoC target population(s), c) projected outcome(s), d) coordination with other source(s)/partner(s), and e) maximum length of assistance. The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.



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3A.1. How will your organization engage homeless who routinely sleep on the streets or other places for not meant human habitation (i.e. attending a monthly committee with partner agencies to plan outreach and discuss clients, and/or partnering with the police or a soup kitchen to identify homeless)?

3A.2. Please identify ways that your agency is identifying alternative sources for supportive services.

3B. Please select from below if your project has a specific population focus.

Chronic Homeless ☐ Youth (under 25) ☐ Domestic Violence ☐

Veterans ☐ Families with Children ☐ Substance Abuse ☐

Mental Illness ☐ HIV/AIDS ☐ Not Applicable ☐

3C. Housing First. Does the project follow a “Housing First” model? Yes ☐ No ☐

Please describe. As a reminder, a centralized or coordinated assessment (a CoC Program compliance requirement) is a process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool and process.



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3C.1. Does the project quickly move participants into permanent housing? Yes ☐ No ☐

3C.2. Has the project removed the following barriers to accessing housing and services? (check all that apply)

Having too little or no income ☐ Active or history of substance abuse ☐

Having a criminal record with exceptions for state-mandated restrictions ☐

History of domestic violence (e.g. lack of protective order, period of separation from abuser, or law enforcement involvement) ☐

3C.3. Has the project removed the following as reasons for termination? (check all that apply)

Failure to participate in supportive service ☐

Failure to make progress on a service plan ☐

Loss of income or failure to improve income ☐

Domestic violence ☐

Any other activity not covered in a lease agreement typically found in a project's geographic area ☐

3D. Does the project request costs under the rental assistance budget line item? Yes ☐ No ☐

If yes, is this a CoC Program leasing or former SHP project that had been approved by HUD to revise the renewal project budget from leasing to rental assistance? Yes ☐ No ☐

3E. How does your agency affirmatively further fair housing as detailed in 24 CFR 578.93(c)? 24 CFR 578.93(c) states that 1) agencies must affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or handicap who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities, 2) where your agency encounters a condition or action that impedes fair housing choice for current or prospective program participants, information is provided to the jurisdiction that provided the certificate of the consistency with the Consolidated Plan (in SLO County, these are referred to California Rural Legal Assistance), and 3) Provide program participants with information on rights and remedies available under applicable federal, State and local fair housing and civil rights laws.



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Question 4: Supportive Services for Participants

4A. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes ☐ No ☐ Not Applicable ☐

4B. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes ☐ No ☐

If 'No', describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed into housing.

4C. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Supportive Services	Provider (Subrecipient, Partner, or Non- Partner)	Frequency (Daily, Weekly, Bi-Weekly, Bi- Monthly, Monthly, Quarterly, Semi- Annually, Annually)
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance and Job Training		
Food		
Housing Search and Counseling Services		
Legal Services		
Life Skills Training		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		



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4D. Please identify whether the project includes the following activities:

4D.1. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes ☐ No ☐

4D.2. Use of a single application form for four or more mainstream programs? Yes ☐ No ☐

4D.3. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes ☐ No ☐

4E. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient or partner agency? Yes ☐ No ☐

If yes, has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes ☐ No ☐

4F. Housing Type and Location.

Total Units:	
Total Beds:	
Total Youth Beds:	

Housing Type (select one):

Barracks ☐ Dormitory ☐ Shared Housing ☐ SRO ☐
Clustered Apartment ☐ Scattered Site Apartment ☐

*Please include a list of unit addresses and the number of bedrooms in each unit on an attached sheet.

Question 5: Project Participants

5A. List the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.



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Adult Households without Children: Enter the total number of adult households without children.

To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24				
Non-disabled Adults over age 24				
Disabled Adults ages 18-24				
Non-disabled Adults ages 18-24				
Accompanied Disabled Children under age 18				
Accompanied Non-disabled Children under age 18				
Unaccompanied Disabled Children under age 18				
Unaccompanied Non-disabled Children under age 18				
Total Number of Adults over age 24				
Total Number of Adults ages 18-24				
Total Number of Children under age 18				
Total Persons				



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5B. Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Disabled Adults over age 24										
Non-disabled Adults over age 24										
Disabled Adults ages 18-24										
Non-disabled Adults ages 18-24										
Disabled Children under age 18										
Non-disabled Children under age 18										
Total Persons										

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Disabled Adults over age 24										
Non-disabled Adults over age 24										



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Characteristics	Chronicall y Homeless Non- Veterans	Chronic ally Homele ss Veteran s	Non- Chronic ally Homele ss Veteran s	Chroni c Substa n ce Abuse	Persons with HIV/AI DS	Severel y Mentall y Ill	Victims of Domes tic Violenc e	Physica l Disabili ty	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Disabled Adults ages 18-24										
Non-disabled Adults ages 18-24										
Total Persons										

Persons in Households with Only Children

Characteristics	Chronic- ally Home- less Non- Veterans	Chronic -ally Home- less Veter- ans	Non- Chronic -ally Home- less Veter- ans	Chroni c Sub- stance Abuse	Persons with HIV/ AIDS	Severely Men- tally Ill	Victims of Domes- tic Vio- lence	Physi- cal Disa- bility	Develop -mental Disa- bility	Persons not represent -ed by listed subpopu- lations
Accompanied Disabled Children under age 18										
Accompanied Non-disabled Children under age 18										
Unaccompani ed Disabled Children under age 18										
Unaccompani ed Non- disabled Children under age 18										
Total Persons										



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* Describe the unlisted subpopulations referred to above:

5C. Enter the percentage of project participants that will be coming from each of the following locations:

	Directly from the street or other locations not meant for human habitation.
	Directly from emergency shelters.
	Directly from safe havens.
	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO projects only)
	Persons fleeing domestic violence.
100	Total of above percentages

Question 6: Performance Measures

6A. Persons exiting to permanent housing destinations during the operating year

Target Number	Total Anticipated Population of Persons Served (Universe)

6B.1. Adults who increased their total income (from all sources) as of the end of the operating year or project exit

Target Number	Total Anticipated Population of Persons Served (Universe)

6B.2. Adults who increased their earned income as of the end of the operating year or project year

Target Number	Total Anticipated Population of Persons Served (Universe)



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6C. Optional – Additional Performance Measures as implemented by the applicant.

Proposed Measure	Data Source (i.e. HMIS) and method of data collection used to measure results	Rationale for why the proposed measure is an appropriate indicator of performance for this program	Target Number	Universe Number
1.				
2.				
3.				

Question 7: Budget Information

Subrecipients may use funds from any source, including any other federal sources, as well as state, local, and private sources, provided that funds from the source are not statutorily prohibited to be used as a match. The subrecipient must ensure that any funds used to satisfy the cash match requirements are not prohibited from being used as a match under the laws governing those funds. In general, program participant mainstream benefits are not considered match in the CoC Program because the benefits are not committed to the subrecipient for the activities funded through the project. Instead, benefits are provided to the program participant and are based on program participant eligibility for that program.

7A. Funding Request

7A.1. *Do any of the properties in this project have an active restrictive covenant?*

Yes ☐ No ☐

7A.2. *Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?* Yes ☐ No ☐

7A.3. *Are the requested renewal funds reduced from the previous award as a result of reallocation?* Yes ☐ No ☐

7A.4. *Does this project propose to allocate funds according to an indirect cost rate?*

Yes ☐ No ☐



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7A.5. Select the costs for which funding is being requested:

Leased Units ☐ Leased Structures ☐ Rental Assistance ☐
Supportive Services ☐ Operations ☐ HMIS ☐

7B. Leased Units

Total Annual Assistance Requested	\$
Grant Term	1 year
Total Request for Grant Term	\$
Total Units	

7B.2. Leased Units Budget

Size of Units	# of Units	Total Request
SRO		
1 bedroom		
2 bedroom		
3 bedroom		
4 bedroom		
5 bedroom		
6 bedroom		
Total Units and Annual Assistance Requested		

Total Annual Leasing Assistance Requested	
Total # of Units	

7C. Leased Structures Budget

Total Annual Assistance Requested	\$
Grant Term	1 year
Total Request for Grant Term	\$
Total Structures	

Structure Name	Address of Structure	HUD Paid Rent		12 Months	Total Request
			X		



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Structure Name	Address of Structure	HUD Paid Rent		12 Months	Total Request
			X		
			X		
			X		
Total Units and Annual Assistance Requested					

7D. Rental Assistance Budget Detail

Size of Units (# bedrooms)	S R O	0	1	2	3	4	5	6	7	8	9
# of Units											

7E. Supportive Services Budget

Eligible Costs	Quantity Description	Annual Assistance Request
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment		



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Eligible Costs	Quantity Description	Annual Assistance Request
Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs (Complete 7F)		
Total Annual Assistance Requested		

7F. Operating Budget

Eligible Costs	Quantity Description	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		

7G. HMIS Budget

Eligible Costs	Quantity Description	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services		
4. Personnel		
5. Space and Operations		
Total Annual Assistance Requested		



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7H. Sources of Match/Leverage

7H.1. Summary for Match. Match is: the required amount of cash or in-kind contributions that must be provided based on every budget line item, with the exception of leasing.

Total Value of Cash Commitments:	\$
Total Value of In-Kind Commitments:	\$
Total Value of All Commitments:	\$

Match Detail:	
a. Type of Commitment:	
b. Name the Source of the Commitment:	
c. Type of Source:	
d. Date of Written Commitment:	
e. Value of Written Commitment:	

Match Detail:	
a. Type of Commitment:	
b. Name the Source of the Commitment:	
c. Type of Source:	
d. Date of Written Commitment:	
e. Value of Written Commitment:	

Match Detail:	
a. Type of Commitment:	
b. Name the Source of the Commitment:	
c. Type of Source:	
d. Date of Written Commitment:	
e. Value of Written Commitment:	

7H.2. Summary for Leverage. Leverage is: any amount of cash or in-kind contribution that exceeds the required match.

Total Value of Cash Commitments:	\$
Total Value of In-Kind Commitments:	\$
Total Value of All Commitments:	\$

Leverage Detail:	
a. Type of Commitment:	
b. Name the Source of the Commitment:	
c. Type of Source:	
d. Date of Written Commitment:	
e. Value of Written Commitment:	



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Leverage Detail:	
a. Type of Commitment:	
b. Name the Source of the Commitment:	
c. Type of Source:	
d. Date of Written Commitment:	
e. Value of Written Commitment:	

Leverage Detail:	
a. Type of Commitment:	
b. Name the Source of the Commitment:	
c. Type of Source:	
d. Date of Written Commitment:	
e. Value of Written Commitment:	

7I. Summary Budget

Eligible Costs	Assistance Requested
1a. Leased Units	\$
1b. Leased Structures	\$
2. Rental Assistance	\$
3. Supportive Services	\$
4. Operating	\$
5. HMIS	\$
6. <i>Subtotal</i>	\$
7. Admin (up to 10% of <i>Subtotal</i>)	\$
8. <i>Total Assistance plus Admin Requested</i>	\$
9. Cash Match	\$
10. In-Kind Match	\$
11. Total Match	\$
11. Total Budget	\$

Question 8: Attachments. If the applicant organization is a nonprofit, then proof of nonprofit status is required. Please attach *proof of organization's nonprofit status* to the back of the application.



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Signature by authorized official:

I have read the Notice of Funding Availability (NOFA) for the FY2015 Continuum of Care Program Competition and the Continuum of Care Interim Regulations.

Name (printed)

Signature

Date

Submit the application by the **deadline** to Ivana Yeung, Planner II through any of the following delivery methods:

<p>Mail:</p> <p>Ivana Yeung, Planner II Department of Planning and Building 976 Osos Street, Room 300 San Luis Obispo, CA 93408</p>	<p>Hand Deliver:</p> <p>Ivana Yeung Department of Planning and Building Annex 1035 Palm Street, Room 370 San Luis Obispo, CA 93408</p>
<p>Fax: (805) 781-5624</p>	<p>Email: iyеung@co.slo.ca.us</p>